

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2019</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**WAHIAWA GENERAL HOSPITAL**

**128 LEHUA STREET  
WAHIAWA, HI 96786**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	Initial Comments  A relicensure survey was conducted by the State Agency from 09/27/19 to 10/02/19. On entrance to the facility, the census was 83. Three complaints were included in this survey #7645, #7581, #7582. All three complaints were not substantiated.	4 000		
4 175	11-94.1-43(c) Interdisciplinary care process  (c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any changes are required to the overall plan of care, and as necessitated by changes in the resident's condition.  This Statute is not met as evidenced by: Based on observation, interview and record reviews, the facility failed to review and revise by an interdisciplinary team composed of individuals who have the knowledge of the resident and the resident's needs in a timely manner. The interdisciplinary team's communication to assure person-centered care plan is failing between departments for four (Residents (R) 35, 59, 3 and 69) out of sample size of 20.  Findings include: 1) Interview on 09/27/19 at 01:10 PM with R35 who stated "I can't stand. Occupational therapy tried. I don't get range of motion (ROM) exercises.  Record review on 09/27/18 reveals on the Kardex that R35 is tasked with restorative nursing assistance (RNA): Active upper extremity (UE) ROM. Start date: 07/15/19, 3x a week. 1) Trunk flexion with sheet and assistance 3x10. 2)	4 175	Responsible Party: Rehab/Nursing/MDS  Residents #35, #3, #69, and #59 will be reassessed by Rehab and designated for either Rehab treatment, restorative care, or nursing functional maintenance program. Care plans will be updated to reflect treatment plan. Rehab will begin training sessions with restorative staff regarding ROM and upper and lower extremity exercises. Rehab staff will begin training sessions with certified nursing assistants regarding ROM and functional maintenance programs including but not limited to ROM, transfers, bed and wheelchair positioning, and ambulation to bathroom.  All residents have the potential to be affected by the deficient practice, primarily those who are receiving restorative	11/16/19

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/08/19

Hawaii Dept. of Health, Office of Health Care Assurance

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4 175	<p>Continued From page 1</p> <p>Shoulder flexion 5#dowel 3x10 . 3)Biceps curls 5# dowel 3 x 10. 4)Shoulder press. 5)#dowel 3 x 10. Kardex states: RNA PT RNA program to start after 07/12/19 for up to 3x per week. Passive and active assisted LE ROM Ankle pumps knee flex, hip flex, abduction to tolerance. Weight bearing as tolerated.</p> <p>Interview on 10/01/19 at 10:35 AM interview with Long term care coordinator LTCC114 and registered nurse, (RN)103 and IDON. LTCC114 printed the RNA therapy sheet which shows she has not gotten therapy in one month. IDON and LTCC114 stated the CNA's with the activities of daily living (ADLs). So when they change their clothes, they will lift their arm. Further questioning and sharing that the residents say they are not getting ROM. Surveyor discussed difference between doing repetitions of 3 sets of ROM (as per RNA orders) and lifting a persons arm to wipe them down during a bed bath. LTCC114 stated "I see what you mean." IDON acknowledged.</p> <p>Interview with restorative assistant (RA)55 on 10/01/19 at 01:39 PM who states "the workload is so heavy and Rehab Director (RD) determines what my list and that's what I go by. We are also tasked to help with nursing, lifting, transport, dining 730 to 830 and lunch time is 11:45 until when the resident gets done. Our time is being eaten up . We are supposed to do 8 residents and then we have admissions, we have to provide wheelchair service. We only have 8 hours during the day. Clinical nursing assistants are not doing ROM. The nursing department asks for us to help the nursing." How is the communication for the day handed down to you? "Like I talk to the DR if there is a change. I ask if there are recommendations. I ask the therapists what can</p>	4 175	<p>services.</p> <p>A revision and restructuring of the current Restorative Program will occur. Changes to the program will include: 1) Rehab staff will conduct monthly assessments of function and ROM with residents to ensure residents are either maintaining or improving ROM and function; 2) Monthly Rehab screening will be entered into Point Click Care (PCC); 3) Rehab Services Manager or designee will be responsible to send out the daily restorative schedule to all appropriate team members; 4) Communication for residents currently designated for Rehab, restorative care, or functional maintenance programs will occur during weekly WNRC Utilization Review meeting, via the daily schedule, and during weekly Restorative meetings with the Restorative team which will include at a minimum, Rehab and restorative staff and Nursing; 5) A champion from Rehab and Nursing will be assigned to be responsible for the overall Restorative Program; 6) Residents will be categorized by Rehab, Restorative, Functional Maintenance, and Comfort Care/Hospice to ensure a more clear and accurate treatment plan and appropriate staffing; 7) Therapists will follow Rehab tracking tool to ensure PCC care plan is completed; and 8) Rehab representative will attend weekly IDT meetings to review care plans for residents on either Rehab, Restorative, or Functional Maintenance programs and update care plans collaboratively with MDS staff. Education will be provided to restorative staff regarding the documentation of resident</p>	

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4 175	<p>Continued From page 2</p> <p>be done and then it comes back to me. There are so much RNA orders that need to be done. We prioritize which ones have to be done and the initiative comes from physical therapy (PT). Sometimes it's our job to prioritize. The doctor normally does the ordering. We got more work than we got people to do it. The therapists tell us what to do. Restorative assistant (RA) will meet with Rehab weekly and adjust programs accordingly. The rehab will meet monthly with nursing."</p> <p>Interview on 10/02/19 at 09:04 AM with DR "Trying to tie all the pieces together is tricky. I feel between the therapists and RA it is ok. Between the nursing and rehab there is a missing piece. What is the process when you develop a Careplan or the aide comes to you and says their hurting? A lot of time, I send a therapist to see what the rehab part of it is. We will ask nursing to see if there is anything they can do on their end. Changes in status, and then from there updating the program. There are inconsistencies. I think it is moving forward but it happens, when things are done verbally. I meet with RAs on Fridays and we go over the clients. I give an update to the interim director of nursing (IDON) but I feel there is still a missing gap. We need to find a way to get more involvement. I don't know who is exactly responsible for updating the Careplan. We try to update to the coordinator on the floor and we are not sure how it is being done on the nursing side. The breakdown occurs when people are not here. For ROM, the RAs will talk to the CNAs. We don't have a good formalized process." When you say ROM, what is your expectation?... "ROM is basically meant to be passive movement of the extremities, usually arms and legs. We want to make sure people don't get severe joint limitations. I think if the PT,</p>	4 175	<p>refusals. Therapists will be educated regarding the policy for documenting in resident care plans in PCC. Education of nursing and restorative staff will occur on an annual and as needed basis to ensure accurate and complete documentation, treatment plans, and services provided.</p> <p>Rehab Services Manager/designee to audit resident care plans and documentation on a weekly basis to ensure completion. Rehab Services Manager/Nursing Administration will monitor effectiveness of the revised restorative program and report results of audits in the quarterly QAPI Committee meeting for one year.</p>	

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4 175	<p>Continued From page 3</p> <p>RA or CNA but if there is a more complex patient then it may be something not meant to be aggressive. We had an OT who was training the staff. That was the main topic about ROM and she actually gave me feedback that it was inconsistent. I do believe that there are some CNAs that do ROM while doing their ADLS but there are some CNAs just putting on their shirt and counting it as ROM. We have to do a program for the CNAs on the same page because of the inconsistency. Regarding R35, there is some miscommunication that she was declining everything. I would agree it's not an all inclusive." Do you get a list from short term and long term - where is the pickup. "We tend to communicate more verbally. Can't put everybody in an RNA because there are too much people in this building. I make the RA schedule, sometimes people will come up and then get off depending on the PT or RA. Before there was no list. This is a starting list. The problem is that if we had a specific list of people. We need a little more help. It's tricky with one RA being on vacation and the other RA is not able to do all the residents. There is not a clear back up system. I've talked with the administrator. We want to treat all the clients. Some staff are capable of doing their own work. It's hard to decide who to put on the list. It's nice to put people on the list who are motivated. It's hard to work with people who like you are pulling teeth to work with. Even when we communicate it properly, some CNAs work with us and some don't."</p> <p>Interview on 10/02/19 at 10:27 AM with the IDON and inquired how changes made by PT are communicated and integrated into the Nursing CP. Surveyor shared the process as described by DR. DR says that they discuss the plan with IDON, if there are changes. Also quoted the</p>	4 175		

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4 175	<p>Continued From page 4</p> <p>WNRC Restorative Assistant Program policy that was issued 08/17/2018," "it stated, "It is the policy.... of (WNRC) that Rehab Service Manager will meet monthly with DON, ADON or designee for program review. IDON stated "so the plan is active in nursing plan for the CNAs to see. RA55 says he meets with you and how does the nursing Careplan get changed. If RA55 will meet with me, I will change the Careplan but I only became interim DON recently. RA55 also goes to to the administrator. and also with LTCC114. It should be communicated to the LTCC so that they can follow through on it.</p> <p>RNA program was not done by the facility for R35 for one month. The Careplan was not discontinued nor revised to include maintenance services to the R35.</p> <p>2) R3 was admitted to the facility 02/20/17. She had mobility deficit due to hemiplegia following a stroke affecting her Left (L) side. R3 requires extensive assist in the areas of dressing, bed mobility, transfers, personal hygiene and toileting.</p> <p>On 09/27/19 at 09:00 AM, during an interview with R3, observed she was unable to move her Left (L) arm. Asked R3 if she was getting physical therapy (PT), and she said, "No." Inquired if staff did range of motion (ROM) exercises with her, and she said they did not. R3 demonstrated how she was able to lift her L arm hand using her right hand/arm to pull it up. Asked if staff encourage her to do that, and she replied, "No."</p> <p>Record review (RR) of R3's Care Plan (CP) revealed an active intervention of "Passive LE (left extremity) ROM 2-3x's to start 07/09/18 to</p>	4 175		

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4 175	<p>Continued From page 5</p> <p>include: B (Bilateral) foot stretch in the direction of dorsiflexion 30 sec. (seconds) hold x3 sets or to patient tolerance." The responsible staff designated to complete the therapy was the RA (Restorative Assistant). The current Kardex (used by staff for reference of tasks) also indicated R3 was receiving these exercises.</p> <p>RR of the "Rehab (rehabilitation) Services Screen dated 03/28/19 documented, "No PT/OT (occupational therapy) indicated. Currently on RNA (RA) program.</p> <p>On 10/01/19 at 01:38 PM during an interview with RA55, inquired what therapy R3 was currently receiving. RA55 stated, "Use to do the stretches of her feet, but she complained it hurt. If continues to say it hurts, we stop and report it to Director of Rehabilitation (DR). It was decided to put a bolster at the foot of her bed (helps prevent foot drop)." Asked if ROM was being done on R3's L extremities, and RA55 said "no, it's a package. We aren't doing the stretches, so don't do the ROM."</p> <p>Review of the facility policy number RS-GEN-48 titled, "Transition of care following termination of therapy services" dated July 2017 states, the following: "C. The new or updated FMP (functional maintenance program) or restorative program will be entered into Point Click Care (electronic medical record) to be executed by certified nursing assistants or restorative aides. D. The new or updated FMP or restorative program will be entered into that resident's care plan and reviewed by rehab department and restorative nurse or designee on a monthly basis."</p>	4 175		

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4 175	<p>Continued From page 6</p> <p>On 10/02/19 at 10:31 AM during an interview with IDON reviewed R3's active CP that indicated R3 was to receive passive LE (Left extremity) ROM, and foot stretches. Informed IDON that the DR, and RA55 said R3 was no longer receiving the exercises listed in the CP. Inquired how PT staff communicate therapy changes to nursing, and how they are integrated into the CP. The IDON said, "it should be communicated to the Long-Term Coordinators (LTCC), who would update the nursing CP and Kardex. Informed IDON that DR said he meets with IDON about changes to therapy, but unsure how the CP was updated. IDON said if he meets with me, I will change the CP, but I only became interim recently. He (DR) goes to Administrator and talks her, and sometimes he talks to the LTCC's. It should be communicated to the LTCC so they can follow through on it." IDON agreed the process needed to be improved and that R3's CP had not been revised.</p> <p>3) R69 was admitted to the facility on 06/07/19. He had impaired mobility related to generalized weakness and right(R) arm, R hip and left leg pain associated with muscle spasm and neurological damage due to lumber and cervical spine myelopathy (disease of the spinal cord). R69 had potential for impaired skin integrity related to his lack of mobility and had a history of a pressure ulcer (PU)that resolved.</p> <p>On 09/27/19 at 13:30 PM during an interview with R69, noticed a deflated air mattress on the bed and asked him if he knew it was deflated and why. R69 said the mattress and pump had been given to him by someone and that he didn't think the pump was working. R69 said it use to work and they have looked at it a couple of times.</p>	4 175		

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4 175	<p>Continued From page 7</p> <p>RR revealed on page 11 of R69's CP an active intervention to prevent skin breakdown was to "Apply pressure relieving devices while in bed. Page 12 of the CP states, "May have low air loss replacement mattress ...provide pressure relieving devices for bed and wheelchair."</p> <p>On 10/30/19 at 02:00 PM, during an interview with LTCC114, she said, "the air mattress R69 has on the bed was given to him and I believe the pump is broken. It works for awhile, and then doesn't." Proceeded to R69's room and confirmed the pump was not working. LTCC114 said the maintenance department couldn't work on it because "it's not ours." Reviewed R69's CP with LTCC114 and asked why R69 didn't have a working air mattress since it was in his CP. LTCC114 explained "R69 use to have a PU but it resolved a long time ago. The CP should have been updated." We use the air mattress's when they have a PU.</p> <p>4 ) R59 was admitted to the facility on 08/13/19 after an acute hospital stay and started long term care (LTC) skilled rehabilitation services (physical and occupational therapy (PT/OT)) for short stay rehabilitation . One care plan was for mobility deficit related to activity tolerance, disease process, generalized weakness, impaired balance and pain. The goal by the PT was that R59 would improve in his level of function in bed mobility from moderate assist to minimum assist by review date. This care plan was revised 8/13/19 (the date of admission) by PT, with a target date of 11/14/19. The OT therapy care plan also had the same revision and target dates.</p> <p>Review of the facility's policy, "WNRC Restorative Assistant Program," issued "8/17/2018," it stated, "It is the policy of . . . (WNRC) that there shall be a</p>	4 175		



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4 175	<p>Continued From page 8</p> <p>Restorative Assistant (RA) program to assist and guide residents following the completion of skilled rehabilitation. Areas cover include but not limited to ambulation, UE/LE exercises, range of motion (ROM), and restorative dining . . . Upon discharge from skilled rehabilitation, therapists will design appropriate RA program for Resident as needed . . . Rehab Service Manager will meet monthly with DON, ADON, or designee for program review."</p> <p>On 10/01/19 at 02:30 PM, during an interview with RN103, she was asked whether R59 was receiving any restorative or maintenance therapy since his skilled rehabilitation (skilled rehab) ended. RN103 said she did not see any orders for it and verified he was discharged from skilled rehab on 08/25/19. Upon further query as to what happened when a resident was discharged from skilled rehab services and if maintenance therapy was provided, RN103 said there would be an order for the RA, but the rehab department handled it.</p> <p>On 10/02/19 at 09:09 AM, during an interview with the Director of Rehab (DR), he said, "I do think there's still a gap between nursing and the restorative program." The DR also said he did not know what happened to the transitional part for R59, but that it was important and for the PT/OT care plan, since R59 was no longer receiving skilled service, that it should have been discontinued. Per the DR, "The whole process needs changing."</p> <p>During an interview with RN103 on 10/02/19 at 09:40 AM, she verified R59's skilled rehab care plan were no longer current since he was discharged from rehab therapy for PT and OT services. RN103 concurred that nursing has to look at the transition process when rehab</p>	4 175		

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4 175	Continued From page 9  services ended.  This was not done by the facility for R59. In addition, R59's PT/OT care plans were "revised" on the date he was admitted (08/13/19); however, on the date he was discharged from PT/OT services on 08/25/19, the two care plans were not discontinued nor revised to include any transitional or maintenance services to be provided to him.	4 175		
4 185	11-94.1-46(b) Pharmaceutical services  (b) A facility shall have a current pharmacy policy manual consistent with current pharmaceutical practices developed and approved by the pharmacist, medical director/medical advisor, and director of nursing that:  (1) Includes policies and procedures, and defines the functions and responsibilities relating to pharmacy services, including the safe administration and handling of all drugs and self-administration of drugs. Policies and procedures shall include pharmacy functions and responsibilities, formulary, storage, administration, documentation, verbal and telephone orders, authorized personnel, recordkeeping, and disposal of drugs;  (2) Is reviewed at least every two years and revised as necessary to keep abreast of current developments in overall drug usage; and  (3) Has a drug recall procedure that can be readily implemented.  This Statute is not met as evidenced by:	4 185		11/16/19

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4 185	<p>Continued From page 10</p> <p>Based on observation and interview, the facility failed to properly store a medication for a resident that was unlabeled in a medication cart. The facility also failed to appropriately discard an open can of thickener that was stored in the medication cart. This deficient practice has the potential to increase a risk for illness for residents residing in the facility.</p> <p>Findings include:</p> <p>During a random inspection of the medication cart on 2nd floor C on 10/02/19 at 01:27 PM an unlabeled medication cup containing four pills was found in the medication cart drawer. Registered Nurse (RN)40 responded, that medication is for a resident who was sleeping during the med pass, I put it in the cart to give later. I forgot to label it.</p> <p>In the same cart, an opened can of thickener was found in the bottom drawer with an opened label dated 06/16/19. When asked when the opened medications and/ or supplements get discarded RN96 responded "I think it needs to be thrown away monthly. Unfortunately, when we open a can of thick it, much of it gets wasted since we don't have too many residents who use it, we need to use the smaller packets, it would be better".</p> <p>2) Review of the facility's policy, "Storage of Medications," Policy No. WNRC-RX-021, last reviewed, "08/23/2019," stated, Medications and biologicals are stored safely, securely and properly following manufacturer's recommendations . . . The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully</p>	4 185	<p>Responsible Party: Nursing/Pharmacy/Food and Nutrition Services</p> <p>The thickener found to be opened in the medication cart was discarded on 10/2/19. Medication found unlabeled in the medication cart was properly disposed of on 10/2/19. On 9/27/19 RN at bedside stated to surveyor that she was disposing of the syringes and Resident #128 was notified. In-service was provided to clinical nursing staff by the Dietician regarding Juven and wound healing on 10/23/19. In-service was provided to clinical nursing staff by Speech Therapist and Food and Nutrition Services regarding new Simply Thick single serve liquid thickener packets on 10/25/19, 10/28/19, and 10/29/19. On 10/30/19 all thickener stock was replaced in the facility with the Simply Thick single serve packets, eliminating the possibility of open containers in the medication cart.</p> <p>All residents on thickener have the potential to be affected by the deficient practice. All resident on medications have the potential to be affected by the deficient practice.</p> <p>Use of the single serve thickener packets will continue in conjunction with Speech Therapy and Food and Nutrition Services. Education on the importance of labeling medications or products and proper disposal will be held on a monthly basis during Medication Pass Observations and as needed.</p> <p>LTCC/Supervisor will audit the medication</p>	

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4 185	Continued From page 11  authorized authorized to administer medications."  During an observation of RN8 on 09/27/19 at 01:16 PM, there were three pre-filled normal saline (NS) syringes left in the IV pole tray which was at R128's bedside. The State Survey Agency (SA) asked RN8 to verify what those were, and she said those were the NS syringes used to flush the resident's intravenous (IV) line. RN8 said, "I unwrapped one," and confirmed the other two NS syringes had been unwrapped and left there. It was not certain whether the two NS syringes had been used or not.  RN8 said, "Yes, it's not a good practice," and said the NS syringes were probably left there for staff convenience. RN8 acknowledged it also would not be safe practice to leave it unattended at the bedside and that she would not have used the two syringes that had been unwrapped. RN8 stated she would be discarding those.	4 185	carts on a weekly basis to ensure that no unlabeled medications or products are present. Monthly medication cart audits will also be performed by Pharmacy/Nursing staff during Med Pass Observations. The Director of Nursing will review and track these audits on a monthly basis to ensure continued compliance. Results of the audits will be reported in the quarterly QAPI Committee meeting for one year.	
4 209	11-94.1-53(b)(6)(7) Infection control  (b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made.  (6) There shall be a documented record that every employee and resident has an initial and an annual tuberculosis (TB) clearance. Facilities shall be in compliance with the most current and updated guidelines as set forth in chapter 11-164, Exhibit A; and  (7) When a known negative tuberculin skin test on an employee or resident converts to a positive test, it shall be considered a new case of tuberculosis infection and shall be reported to the	4 209		11/16/19

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4 209	<p>Continued From page 12 department.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure appropriate hand hygiene was performed before the start of an intravenous (IV) medication for one resident (Resident (R) 128). In addition, the facility also did not change the Yankauer suction catheter timely for one Resident (R63) in the sample, which increased the risk of spreading contaminants that may cause infections or potentially transmit infections. This deficient practice had the potential to affect all residents residing in the facility.</p> <p>Findings Include:</p> <p>1) 09/27/19 at 01:06 PM, Registered Nurse (RN)8 was observed at the bedside of R128 to prepare and administer an IV antibiotic medication. RN8 set up the IV medication on the IV pole and the IV tubing. However, with her clean gloves on and prior to priming the IV line with the medication, RN8 grabbed the resident's rubbish can to bring it closer to her and set it down. RN8 then turned to get the IV tubing and began priming the line. RN8 failed to change her gloves after touching the rubbish can, and failed to perform hand sanitization before priming the IV line.</p> <p>On 09/27/19 at 01:16 PM, RN8 acknowledged she failed to change her gloves after touching the rubbish can. RN8 said, "Thank you, I'm going to remove them right now."</p> <p>Review of the facility's policy, "Hand Hygiene,"</p>	4 209	<p>Responsible Party: Nursing/Infection Control and Prevention</p> <p>Prior to administering an IV antibiotic, the registered nurse acknowledged the need to change her gloves and proceeded to do so. Upon review of the policy, the Yankauer suction catheter for Resident #63 was immediately changed. Resident #128 was discharged on 10/2/19. In-service was provided to all nursing staff on the need, per policy, to change the Yankauer suction catheter every 24 hours and as needed on 9/27/19 &amp; 9/28/19. In-service was provided to nursing staff on the need to change IV tubing every 4 days on 9/27/19. In-service was provided to staff on appropriate hand hygiene on 11/1/19.</p> <p>All residents in the facility have the potential to be affected by the deficient practice.</p> <p>The schedule for appropriate equipment cleaning and supply change out is now posted for all staff. This change in process was started on 9/28/19. Monthly observations for hand hygiene will continue as per current policy and procedure for Hand Hygiene.</p> <p>Infection Preventionist/Quality Coordinator will do random monthly audits on hand washing and proper equipment change</p>	

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4 209	<p>Continued From page 13</p> <p>Policy No. IC-006, it stated, "All personnel will use the hand hygiene techniques, . . . recommended guidelines on when to use non-antimicrobial soap and water, an antimicrobial soap and water or an alcohol-based hand rub . . . After contact with medical equipment/supplies in patient areas."</p> <p>There was a failure by RN8 to discard her gloves after touching the rubbish can and not performing hand hygiene prior to performing a clean technique for medication administration.</p> <p>2) R63 was severely cognitively impaired with history of dementia, hemiparesis and was totally dependant on staff for activities of daily living. She had difficulty swallowing and nutritional needs were met by tube feedings. R63 periodically required oral suctioning for secretions.</p> <p>On 09/27/19 at 09:00 AM, observed suction set up on a table next to R63, which included a suction canister to collect secretions, tubing and a Yankauer suction catheter (a hollow rigid tube made of disposable plastic and used to facilitate removal of oral secretions). The Yankauer catheter can be reused frequently, but must be changed to minimize risk of contamination and infection. The Yankauer suction was observed to be stored in the original wrapper that was dated 09/11/19.</p> <p>On 09/27/19 at 09:15 AM asked Licensed Practical Nurse (LPN)16 to look at the Yankauer suction in R63's room. LPN16 confirmed the date written on the package was 09/11/19. At that time asked LPN16 how often the Yankauer suction is changed, and she replied, "I think it's every week." LPN16 later provided the facility policy and</p>	4 209	<p>out and the Director of Nursing will review for compliance. Monthly audits will be performed on hand washing during medication administration to ensure compliance with hand hygiene policy. Director of Nursing will review results for compliance. Results of audits to be reported in the quarterly QAPI Committee meeting for one year. Results will also be reported in the quarterly Infection Control and Prevention Committee for WNRC.</p>	

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4 209	Continued From page 14  stated, "The catheter is suppose to be changed every day."  Review of the facility Policy Number NRS-CP-010 titled, "Suctioning" states, " To establish guidelines for the removal of secretions from the patient's airway will be performed using appropriate method and following specific guidelines to minimize the risk of ...infection." The policy directs staff to "Open catheter kit, or Yankauer package, mark date and time on Yankauer. Yankauer may be reused for 24 hours."	4 209		
4 218	11-94.1-55(e) Housekeeping  (e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair.  This Statute is not met as evidenced by: Based on observation, interviews and document review, the facility failed to ensure a homelike environment with housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior. The facility's water also did not warm to a comfortable temperatures in Room (RM) 154,155 and two shower rooms.  Findings include: 1)Observation upon entrance to the facility, on 09/27/19 noted the ceiling near the main activity room in the was exposed. The ceiling tiles were wet and leaking and some tiles were water-stained. On the floor beneath the ceiling leak was a catch water wheelbarrow system.  The next day, observation on 09/28/19 at 0900 AM, it was noted that a few of the ceiling tiles	4 218	Responsible Party: Facilities Director and Lead Engineer  Roof repairs completed. The roof was re-coated with Gaco Roof Coating, a seamless membrane sealer on 10/5/19 □ 10/20/19. Twenty-five percent of the thermostat control covers have been replaced as of 11/4/19. Additional new covers were ordered on 11/6/19. Completion date for 100% replacement projected as 12/20/19. Commercial Plumbing Inc. came out on 10/1/19 to fix the hot water fluctuation problem that led to the resident rooms that were affected. Resident #132□s window was repaired on 10/1/19. The old caulking was removed	11/16/19

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4 218	<p>Continued From page 15</p> <p>near the main activity room were replaced.</p> <p>On 09/30/19 at 1100 AM surveyor was approached by a family member (FM) who showed time/date stamped photos of the same ceiling leak. FM states that this has been going on for a year.</p> <p>On 10/01/19 at 10:46 AM Interview with Maintenance Director (MD). Facility staff changes the ceiling tiles. If it's pouring rain we put a bucket underneath for water catchments and housekeeping maintains it. We put the wet floor signs down for safety. Housekeeping will check it every one two hours. We thought it was due to the air handler but it wasn't, so now, in the last three weeks, it's coming from the roof drain so we just finished re-routing the two roof drains.</p> <p>On 10/01/19 received work order records from maintenance director for ceiling tile work that dates back to October 02, 2018.</p> <p>2) On 09/27/19 at 10:00 AM, during initial walk through of facility, spoke with R35 in Room 159-2. R35 states "everything is fine but it gets really hot in here at about 2:30 to 03:30 PM. My blinds are broken and they try to cover the window as best as they can.</p> <p>On 10/01/19 at 02:00 PM conducted a walk through and interview with maintenance director of facilities to test room temperatures. The first room tested was Room 152 and it was 72 degrees F. Maintenance director explained that about a month ago the facility got the air handler which is on the roof now. The air handler cools the building down. Room 165's temperature was 72 degrees. Room 159-2's temperature was 66.2 degrees. Room 166's temperature was 72</p>	4 218	<p>and replaced with silicone caulking to prevent any rain from coming through the window.</p> <p>All residents were identified as having the potential to be affected by the deficient practice.</p> <p>The preventive maintenance quarterly work order was developed and will be in place for the WNRC roof. Start date for the next inspection will be 12/1/19 and will continue every quarter thereafter. The thermostat control covers will be inspected during the Hazardous Surveillance Rounds semi-annual inspection as part of the Facilities Preventative Maintenance Program. The hot water testing will continue twice a month, but with additional resident showers and sinks included as part of the inspections. The inspections began on 10/10/19.</p> <p>During rainy season Facilities will do quarterly, and more often during the rainy season, room window checks for leaks and create a work order for window repairs if leak is found. It will be documented in the in the facilities work order Micro Main system if any repairs were made for window leaks.</p> <p>Results of the inspections will be reported in the quarterly QAPI Committee meeting for one year.</p> <p>Results of audits and number of window leaks will be reported in the quarterly QAPI Committee meeting for one year.</p>	



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4 218	<p>Continued From page 16</p> <p>degrees but the on/off button was turned off which controls the temperature. Maintenance director states that we placed locked boxes on the thermostats but somehow staff are finding ways to get into the box. This is resulting in some of the temperature boxes accessible and not locked. In Room 166, the thermostat box was broken. Maintenance director stated that if the box is "broken, then the staff can adjust the temperature on floor by the thermostat controls. The other problem is the on/off switch which is not covered. It seems that the staff is turning this switch off when it gets cold at night. This is also a problem when we start to get complaints that it is too hot. In the am, facilities will come to check because of complaints "too hot, or too cold". When staff touch adjustments, it will take a longer time to cool a room down when daylight comes. Because we know the temperature controls may have been adjusted, the maintenance staff will usually go to all the rooms in the am to check the off/on switch and thermostat controls.</p> <p>On 10/01/19 at 2:39 PM, R35 stated that her daughter had bought a fan for her because of the heat and her room felt cooler.</p> <p>3) During initial tour, ran the water in the sink Rm 154 and 155 to check the temperature. The sinks had hot and cold handles and after quite a while, the water was still cool to touch.</p> <p>During an interview with Resident (R)3, she stated the water in the shower was always too cold. Inquired if she had reported it to staff, and R3 said she had reported it several times, but hasn't been fixed.</p> <p>On 09/30/19 at 04 :00 PM completed a tour with</p>	4 218		

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4 218	<p>Continued From page 17</p> <p>the Maintenance Director, and requested water temperature check in Rm154, Rm 155, shower Rm in back hall, and shower Rm 178. The maintenance director said the water flow in Rm 154-2 was low, so called staff to turn the flow up. After an extended period of time, the water fluctuated between warm and cold, and the highest temperature reached was 102.8. The highest water temperature reached in Rm 155 was 99 degrees. The back hall shower temperature reached 104.8 degrees, and shower Rm 178 reached a temperature of 102 degrees. Maintenance director said she would "call plumbing out tomorrow to look at it."</p> <p>On 09/30/19 at 04:30 PM, the maintenance director spoke with R3 and informed her the shower temperature had reached 104.8 and asked if that was warm enough. R3 replied "no, she would like it warmer."</p> <p>4) During the initial tour of R132's room on 09/27/19 at 08:40 AM, it was found the window next to his roommate's bed had white towels on the window sill and large bed bath type blankets on the floor below it. The white towels were felt and they were damp. RN8 said it had been raining and the window, "it's leaking because of the rain."</p> <p>At 08:41 AM, CNA106 along with RN8 were then observed carrying the wet towels and blankets out of the room and placed them into a hamper. CNA106 said it had rained hard so, "it got wet" by the window.</p> <p>On 10/01/19 at 09:40 AM, during a second observation of the window area in R132's room, there was an accumulation of water drops on the lower window blinds. Staff (S) 1 came into the</p>	4 218		

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4 218	Continued From page 18  room and said, "there's water, its leaking," and was going to follow-up with maintenance. S1 shortly thereafter produced a work maintenance order to repair the window for a water leak. S1 said he did not think this was done the day it was identified on 09/27/19.	4 218		